

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90001 007 ***158.75

DOCUMENT # L40868

1. Entity Name
LESTER PAINTING, INC.



Principal Place of Business
**13851 SE 163RD PLACE
WEIRSDALE, FL 32195**

Mailing Address
**P.O. BOX 1143
WEIRSDALE, FL 32195**

DO NOT WRITE IN THIS SPACE



06152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2983989

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LESTER, JAMES T
13851 SE 163RD PL
WEIRSDALE, FL 32195**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LESTER, JAMES T
13851 SE 163RD PLACE
WEIRSDALE, FL 32195**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LESTER, DEBORAH G
13851 SE 163RD PLACE
WEIRSDALE, FL 32195**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

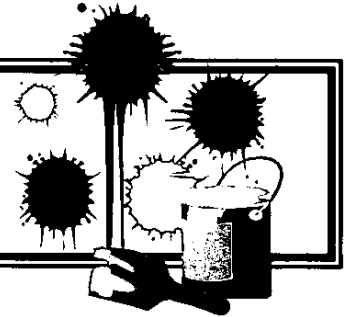
Daytime Phone #

James Lester **James Lester** 6-15-2007 352-821-0695

ATTACHMENT

~~# L 40868~~

LESTER PAINTING, INC.
P.O. BOX 1143
WEIRSDALE, FLORIDA 32195
(352)821-0695
(352)821-3116 fax



Lic. # L40868

40121444

June 15, 2007

To whom this may concern,

Our office issued a check on 01/19/2007 for the renewal of our Corporation Annual Report. We were going through our reports and noticed that the check that was written to Florida Dept. of State was not cleared. Our office spoke to a representative on June 15, 2007 to discuss the payment that was mailed out in January 2007 and it must have gotten lost in the mail we are going to issue another check for \$158.75 waiving the late fees due to lost check in the mail.

Thank You,
Lester Painting
Robn Rouse

Robn Rouse